



STATE OF NEW HAMPSHIRE POSTSECONDARY EDUCATION COMMISSION

Financial Aid | Degree-Granting Approvals | Closed School Transcripts | Research/Studies | Veterans State Approvals | Career School Licensing

**Residency Application**

Note: Students **MUST** be domiciled in New Hampshire for at least twelve (12) consecutive months prior to the month they enter medical or veterinary school and be in New Hampshire for a reason other than the primary purpose of obtaining an education.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Please print or type)

Address \_\_\_\_\_

Social Security Number\* \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Name of Your High School \_\_\_\_\_ State \_\_\_\_\_ Year Graduated \_\_\_\_\_

2. Please list below, in chronological order, all schools attended since your graduation from high school.

Date(s) Attended	School	Town/State	Full-Time or Part-Time	Mo./Year Graduated	Degree/ Major

3. Other than to attend an out-of-state institution as a full-time student, has your residence in the State of New Hampshire been interrupted at any time since it began? If so, list when and length of time out of state and reason for your absence (vacation, employment, etc.).

Date(s)	Length of Time	Reason for Absence

4. Graduate school planning to attend \_\_\_\_\_ beginning \_\_\_\_\_ semester.  
(Fall or Spring)

5. Where has your **primary** residence (when not attending school) been for the past 12 consecutive months?

\_\_\_\_\_

\*The Commission will use the social security number to identify the applicant to insure that the information concerning the applicant is properly filed and to identify applicant information to the appropriate postsecondary institution. If you do not provide your number, you will still be considered.

6. Number of years you have lived in New Hampshire \_\_\_\_\_
7. If you have relocated to New Hampshire due to marriage, how long have you lived in NH? \_\_\_\_\_
8. Are you claimed as a dependent on a federal tax return? ☐ Yes ☐ No
- a. If yes, please list the following information for your parent/guardian for the past two years.

Parent/guardian name \_\_\_\_\_ State of residence on federal tax return \_\_\_\_\_ Year \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ State of residence on federal tax return \_\_\_\_\_ Year \_\_\_\_\_

[We may ask parent/guardian for support documentation, e.g., front sheet of federal tax return.]

- b. If no, please list the state(s) and years in which you have filed a federal income tax return for the last two years.

	Month and Year Filed	For the Year Of

9. Please list time and places you have registered to vote for the past two years.

	Date Registered	Town or City

10. Do you own property anywhere? ☐ Yes ☐ No If yes, indicate when property was acquired \_\_\_\_\_  
(Date)
- Description of Property (e.g., land, building.) \_\_\_\_\_ Have you paid property tax? ☐ Yes ☐ No
- Date of Payment \_\_\_\_\_ Where \_\_\_\_\_  
(Town/State)

11. Do you rent a home or apartment? ☐ Yes ☐ No If yes, where? \_\_\_\_\_  
(Town/State)
- How long have you resided there? \_\_\_\_\_
- Is the lease in your name? ☐ Yes ☐ No If not, please explain

12. Please list all drivers' licenses held within the past two years, including the states from which acquired and the date of acquisition, and whether they are presently valid.

	State(s)	Valid	Invalid

Approved [ ] Denied [ ] By \_\_\_\_\_  
Executive Director \_\_\_\_\_  
Date \_\_\_\_\_